

ADCC Name: Seagull ADCC

Community Ties of America, Inc
45-955 Kamehameha Highway, Suite 300
Kaneohe, HI 96744

Compliance Manager Name:

David Ayling, RN

Address: 91-531 Farrington Hwy
Kapolei, HI 96707

Adult Day Care Center (ADCC)
Deficiency Report

Date of Review: 1/16/2019		Date Corrective Action Plan is Due:	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
OK	3	Application for Certificate of Approval	
OK	11	Administration	
OK	12	Personnel and Staffing	
X	13	Admissions	13(b) - Expired physical and TB clearances on 6 participants.
OK	14	Participant Fees	
OK	15	Transportation	
OK	16	Services for Center Participants	
OK	17	Physical Location	
OK	18	Fire Protection	
OK	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

☐ If this box is checked then I understand that I met all requirements and no corrective action is required

PRINT NAME:

Noraleen Pakiamani

SIGNATURE:

[Signature]

Date:

1/16/19

Compliance Manager Signature

[Signature]

Date:

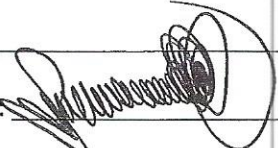
1/16/19

Adult Day Care Centers (ADCCs)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1424

ADCC Name: Seagull Schools Adult Day Center

ADCC Address: 91-531 Farrington Hwy. Kapolei, HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13(b)	Notification letter will be sent to the Caregivers/P.O.A. of the participant 1 month prior to the Expiration of Physical Exam and/or TB Clearance. The 6 participants that had expired Physicals and TB Clearances. 4 now have current Physicals and TB Clearances. Participants paper work has been placed in their charts. 1 participants enrollment has been suspended due to non-compliance and 1 participant has withdrawn their enrollment.	01/18/19 02/20/19	Participants will not attend the Adult Day Center until they have provided proof of current Physical Exam and/or TB Clearance.

Administrator's Signature: 

Print Name: TRACIE ROMUALDO

Date of Signature: 2/20/19